

ROUTING SLIP FOR INVOICES

DATE September 15, 2017

CONTRACTOR Caring to Love

CFMS 2000224936

MONTH OF SERVICE August 2017

TO LeBlanc

INITIAL REVIEW J

DATE 9.19.17

FSPS2 REVIEW D Thomas

DATE 9/21/17

Program Manager 1/2 D Thomas

DATE 9/21/17

POSTED TO SPREADSHEET ✓

SENT TO FISCAL 9.21.17 EQUIPMENT TO BE TAGGED?

ADVANCE RECOUPMENT?

COMMENTS:

~~disallow home prenatal care nurse
insurance b/c not in budget.~~



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

August 2017

Service Period

719685

Contractor/PO#

2000 224936-0817

Invoice Number

Received

SEP 15 2017

DCFS
Economic Stability

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ 5,066.25	\$ 5,037.69	\$ 10,103.94	\$ 62,856.06	
FRINGE BENEFITS	\$ 10,309.44	\$ 501.55	\$ 754.68	\$ 1,512.23	\$ 8,797.21	
TRAVEL	\$ 1,080.00	\$ 146.88	\$ 70.89	\$ 217.77	\$ 862.23	
OPERATING SERVICES	\$ 60,370.56	\$ 3,342.70	\$ 1,672.90	\$ 5,015.60	\$ 55,354.96	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 7,137.50	\$ 7,300.00	\$ 14,437.50	\$ 79,762.50	
OTHER CHARGES	\$ 434,880.00	\$ 32,235.00	\$ 29,225.00	\$ 61,460.00	\$ 373,420.00	
EQUIPMENT/ACQUISITIONS						
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 4,750.00	\$ 9,500.00	\$ 47,500.00	
TOTALS	\$ 730,800.00	\$ 53,435.88	\$ 48,811.16	\$ 102,247.04	\$ 628,552.96	\$ -

~~\$62,185.88~~ \$3,435.88

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Dorothy Wallis, President/CEO
Signature of Authorized Contractor Representative and Title

9/14/2017

Date

line 1

FOR DCFS USE ONLY					
DCFS Invoice Number	Org 4214	Obj 3740	Rep Cat 5071	Sub Obj —	ACTV
224936 0817	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

Program Compliance Approval	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.	See memo from Dr. 9/21/17
	Signature and Title of Authorized DCFS Official	

Ballwin insurance for home prenatal care nurse
Because not in budget Janice LeBlanc at 12117

Life Choice Project

*Coordinated Prenatal Care for
Louisiana's Pregnant Women*

September 13, 2017

Department of Social Services
Office of Family Support
627 North 4th Street
5th Floor Cubicle 5-321
Baton Rouge, Louisiana 70802

RE: 2000224936 CTL Alternative to Abortion
August 2017-2018 Reimbursement Invoice

Dear Ms. Leblanc,

Please find attached, our August 2017 Cost Reimbursement Invoice for 2017-2018 Alternative to Abortion Initiative along with the hard copy of the TANF Report for the month of August 2017.

Also please find attachment Seven updated personnel Activity Report with the proposed changes.

I'm requesting permission to fill the Services Coordinator, with Sanaretha Gray; she has a wealth of knowledge, experience, and expertise in the areas of Auditing, Policy & Procedures, and Human Resources. She's a retired state employee and several years of service was with DHH/Human Resources. She graduated from Delta College in Billing and Coding; she is a valuable asset to the Life Choice Project.

Clerical Support Specialist, with Andrea Venezio; Home Prenatal Care Educator, with J. Moniq Adams; Professional Technical Services, with Emily Ilgenfritz. They are all valuable asset to the Life Choice Project.

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area.

If you have any questions, please feel free to contact me at anytime.

I remain,


Dorothy Wallis
Program Administration
Caring to Love Ministries





Delivery Confirmation

I, the undersigned, acknowledge receipt of the following:

- **Letter to Ms. Jeanine Le Blanc**
- **One Copy**
- **Cover Letter**
- **July 2017 Budget Revision Request**
- **Cost Reimbursement Invoices for August 2017**
- **Section A: Salary**
- **Section B: Fringe**
 - **FICA**
 - **LCTA – Worker Compensation**
- **Section C: Travel**
- **Section D: Operating Expenses**
 - **Cancelled Checks and Wire Transfers**
- **Section F: Professional services**
 - **Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers**
- **Section G: Other Charges – Coordinated Prenatal Care Services**
 - **Subcontractors' Front Page and Wire Transfer**
- **Section I: Indirect Costs- Project Administrative**
 - **Project Administrator Invoice, Time Study and Bank Statements (ACH)**
- **TANF –MOS Report August 2017**

Please sign and return via scanned or email to dwallis@ctlm.org

Thank You,

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR:	<u>Caring to Love Ministries</u>	REPORT CATEGORY #	<u>5071</u>
SERVICE PROVIDED:	<u>Abortion Alternative-Statewide,</u>	P. O. #	<u>2000 224936</u>
ADDRESS	<u>3813 N. Flannery Rd.</u> <u>Baton Rouge, LA 70814</u>	GRS ORG CODE #	<u>4274</u>
CONTACT PERSON:	<u>Dorothy Wallis</u>	OBJECT CODE	<u>3740</u>
TITLE:	<u>President/CEO</u>	INVOICE #	<u>2000224936-0817</u>
		PHONE #	<u>225-273-1124</u>
		MONTH & YEAR	<u>August 2017</u>
		PARISH SERVED:	<u>Statewide</u>

CUMM PREVIOUS 1st MONTH PARTICIPANTS	<u>229</u>
1st MONTH PARTICIPANTS SERVED THIS MONTH:	<u>204</u>
CUMMULATIVE 1st MONTHPARTICIPANTS	<u>433</u>

SECTION A - SALARY

Services Coordinator	J Monic Adams	1,866.25	
Home Prenatal Care Nurse	Kim Hardee	1,600.00	
Home Prenatal Care Educator		0.00	
Clerical Support Specialist	Sanaretha Gray	<u>1,600.00</u>	
	TOTAL SALARIES-Direct Svcs	<u>5,066.25</u>	

SECTION B - FRINGE

Insurance	Direct Services	<u>250.00</u>	
FICA	Direct Services	<u>387.57</u>	
Worker's Compensation	Direct Services	<u>119.98</u>	
	TOTAL FRINGES-Direct Svcs	<u>757.55</u>	

SECTION C - TRAVEL

Travel	Direct Services	<u>146.88</u>	
	TOTAL TRAVEL-Direct Svcs	<u>146.88</u>	

SECTION D - OPERATING EXPENSES

Printing	Direct Services	<u>2,007.75</u> ✓	
Office Supplies	Direct Services	<u>0.00</u>	
Copy Machine	Direct Services	<u>250.00</u>	
Internet Service	Direct Services	<u>195.00</u>	
Media	Direct Services	<u>0.00</u>	
Website	Direct Services	<u>14.95</u>	
KNOWforSURE	Direct Services	<u>875.00</u>	
	TOTAL OPERATING EXPENSES FOR MONTH	<u>3,342.70</u> ✓	

LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE
CONTRACTOR: Caring to Love Ministries

SECTION F - PROFESSIONAL

Accounting Services	Vickie Davis	8.31.17	2,200.00	9.11.17
Performance Improvement C	Garcia Bodley	8.20.17	1,200.00	9.11.17
Public Relations/Media Coor	Randy Rice	8.31.17	700.00	9.11.17
Webmaster/Info Tech Cons.	Kathleen Benfield	8.31.17	487.50	9.11.17
Information Technology Cons	Turnkey	8.1.17	250.00	8.16.17
Auditor Services	Michael Choate, CPA		0.00	
Professional Technical Svc	Ham/Lacey/ Michelle/Emily/Alexis		2,300.00	

TOTAL PROFESSIONAL

Ham - 8.31.17	800.00	9.11.17
Ham - 8.30.17	400.00	9.13.17
Lacey - 8.31.17	200.00	9.13.17
Michelle 8.31.17	250.00	9.11.17
Alexis 8.31.17	500.00	9.11.17
Emily 8.31.17	150.00	9.13.17

7,137.50

SECTION G-OTHER CHARGES

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	204	2,040.00
Positive Pregnancy Test	\$ 10.00	143	1,430.00
Negative Pregnancy Test	\$ 10.00	61	610.00
Abstinence Education	\$ 30.00	61	1,830.00
Counseling	\$ 40.00	129	5,160.00
Referral Services	\$ 10.00	141	1,410.00
Health Risk Assessment	\$ 30.00	141	4,230.00
Care Plan Development	\$ 30.00	143	4,290.00
On-going Care	\$ 30.00	87	2,610.00
Family Support Services	\$ 40.00	82	3,280.00
Home Outreach Support Services	\$ 75.00	43	3,225.00
Birth Outcome Confirmation	\$ 40.00	53	2,120.00

TOTAL OTHER CHARGES

32,235.00

SECTION I - INDIRECT COST

Project Administrator	Dorothy Wallis	4,500.00
Health Insurance		250.00

TOTAL INDIRECT COST

4,750.00

TOTAL INVOICE

\$ 53,435.88

Authorized Signature per Dorothy Wallis

Project Administrator

9/14/2017

Date

I hereby certify that the information given is true and correct to the best of my knowledge.

OFS Approval

Telephone Number

9/14/2017

Date

*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO: OM&F FISCAL
 PAYMENT MANAGEMENT/CONTRACTS
 PO BOX 3927
 BATON ROUGE, LOUISIANA

Page 3/3

P.O.# 200 224936 - 0817
 ACH Transfer Detail Grid for August 2017

Section	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proff of Electronic Bank Statement	Bank Stmt Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	21-23	24	Gulf Coast Bank & Tst	5
D	Operating Expense	Printing	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	A Pregnancy Center	N/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Life Ministries	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Knowforsure	Sources for Women	38	39	Gulf Coast Bank & Tst	5
F	Professional	Accounting Services	Direct Mailing-Vickie	41-42	43	Gulf Coast Bank & Tst	5
F	Professional	Performance Impr Coordinator	Resources for Comm.- Garcia Bodley	44	45	Gulf Coast Bank & Tst	5
F	Professional	Public Relations	Randy Rice & Assoc	46	47	Gulf Coast Bank & Tst	5
F	Professional	Webmaster	Kathleen Benefield	48	49	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Jennifer Ham	52,53.1	53,53.2	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Lacey Bodley	54	55	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svs	Michelle Dyess	56	57	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Alexis Farrugia	58	59	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Emily Ilgenfritz	60	61	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	64	66	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	67	69	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	70	72	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	73	75	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Life Minist	76	78	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	79	81	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	82	84	Gulf Coast Bank & Tst	5
I	Indirect cost	Project Administrator	Dorothy Wallis	86	87	Gulf Coast Bank & Tst	5



**GULF COAST BANK
& Trust Company**

LCP CHECKING (100526649)

9/13/2017 8:09 AM (Refresh)

Account Information

[Summary](#) [Details](#)

Balance

Previous Day Transactions (-.00/.00):	.00
Current Balance:	42,685.81
Holds:	.00
Pending Transactions (-32,985.00/.00):	-32,985.00
Other Transfers:	.00
Available Balance:	9,670.81

Transactions

Total debits: -44,644.38 (20), total credits: +.00 (0)

ACH
Page #

Show 50 ▾

Date ▼	Description ▲	Debit ▲	Credit ▲	Balance
09/13/2017	August 2017 (Pending)	200.00 55		9,670.81
09/13/2017	August 2017 (Pending)	150.00 61		9,870.81
09/13/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	1,960.00 24		10,020.81
09/13/2017	Ecorp ACH Out RESTORATION PREGNANCY (Pending)	4,040.00 81		11,980.81
09/13/2017	Ecorp ACH Out WOMENS LIFE MINISTRIES (Pending)	2,305.00 78		16,020.81
09/13/2017	Ecorp ACH Out CATHOLIC CHARITIES (Pending)	1,400.00 75		18,325.81
09/13/2017	Ecorp ACH Out A PREGNANCY CENTER (Pending)	5,070.00 72		19,725.81
09/13/2017	Ecorp ACH Out WOMENS RES CEN NATCH (Pending)	6,430.00 69		24,795.81
09/13/2017	Ecorp ACH Out CARE PREGNANCY CLINI (Pending)	11,030.00 66		31,225.81
09/13/2017	Ecorp ACH Out J. HAM INC (Pending)	400.00 53.2		42,265.81
09/11/2017	August 2017	4,500.00 87		42,665.81
09/11/2017	August 2017	2,200.00 43		47,155.81
09/11/2017	August 2017	1,200.00 45		49,355.81
09/11/2017	August 2017	875.00 39		50,555.81
09/11/2017	August 2017	800.00 53		51,430.81
09/11/2017	August 2017	700.00 47		52,230.81
09/11/2017	August 2017	500.00 59		52,930.81
09/11/2017	August 2017	487.50 49		53,430.81
09/11/2017	August 2017	250.00 57		53,918.31
09/11/2017	August Trvl 2017	146.88 24		54,168.31

Additional items prior to 09/11/2017 may be available in the transaction archive.

MEMBER FDIC

eStatement/Notice enrollment

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EQUAL HOUSING LENDER

VERISIGN

TRUSECURE

CONTACT US

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142•768125 *

PO# 2000 224936

0-C

1•866•25 x
2•36843 z
44•200824875 *

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142•77 +
44•2 +
186•97 *

SECTION A

SALARY

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186•97 +
160•29 +
160•29 +
507•55 *

0-C

4:20 PM

09/04/17

**Caring To Love Ministries
LCP Payroll Summary**
August 2017

	Adams, Jashonda M	Gray, Sanaretha A	Hardee, Kim A	TOTAL
Employee Wages, Taxes and Adjustments				
Gross Pay				
Care Pregnancy Clinic Salary	1,866.25	1,933.08	2,874.68	6,674.01
Total Gross Pay	1,866.25	1,933.08	2,874.68	6,674.01
Deductions from Gross Pay				
Health Insurance (taxable)	0.00	0.00	-452.22	-452.22
Total Deductions from Gross Pay	0.00	0.00	-452.22	-452.22
Adjusted Gross Pay	1,866.25	1,933.08	2,422.46	6,221.79
Taxes Withheld				
Federal Withholding	-1.00	-223.00	-313.00	-537.00
Medicare Employee	-27.06	-28.03	-41.69	-96.78
Social Security Employee	-115.70	-119.85	-178.23	-413.78
LA - Withholding	-41.01	-54.86	-65.56	-161.43
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00
Total Taxes Withheld	-184.77	-425.74	-598.48	-1,208.99
Net Pay	<u>1,681.48</u>	<u>1,507.34</u>	<u>1,823.98</u>	<u>5,012.80</u>
Employer Taxes and Contributions				
Medicare Company	27.06	28.03	41.69	96.78
Social Security Company	115.70	119.85	178.23	413.78
Total Employer Taxes and Contributions	<u>142.76</u>	<u>147.88</u>	<u>219.92</u>	<u>510.56</u>

Position- Direct Services	Employee Name	Salary	Blue Cross	FICA	Worker's Comp	Total Fringe	Total
Services Coordinator	J Monic Adams	1866.25	142.77	44.20	186.97	2053.22	
Home Prenatal Care Nurse	Kim Hardee	1600.00	250.00	122.40	37.89	410.29	2010.29
Home Prenatal Care Educator		0		0	0	0	0
Clerical Support	Sanaretha Gray	1600.00		122.40	37.89	160.29	1760.29
TOTALS		5066.25	250.00	387.57	119.98	757.55	5823.80

NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.

Attachment 7: Personnel Activity Report

Administrative Staff	
Project Administrator	Dorothy H. Wallis
Accounting Services	Vickie Davis
Programmatic Staff	
Services Coordinator	Sanaretha Gray
Home Prenatal Care Nurse	Kim Hardee, RN
Home Prenatal Care Educator	J. Moniq Adams
Clerical Support Specialist	Andrea Venezio
Contracted Professional Services	
Performance Improvement Coordinator	Garcia Bodley/Resources for Communities
Professional Technical Services/QA Supervisor	Jennifer Ham
Professional Technical Services/QA Specialist	Lacey Bodley
Professional Technical Services/QA Specialist	Alexis Farrugia
Professional Technical Services/QA Specialist	Emily Ilgenfritz
Other Professional/Technical Support Services	
Public Relations/Media Consultant	Randy Rice
Web-based Communications Consultant	Kathleen Benfield/Kathleen Benfield Consultants
Computer Services Technical Support	TurnKey
Auditor	Michael Choate, CPA

CONFIDENTIAL INFORMATION FURNISHED ON CONFIDENTIAL AGREEMENTS IS PROTECTED BY APPLICABLE LAW.

Page 2 of 7

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

G. Warner BATON ROUGE,
LOUISIANA

9323

第4-1页

87/17

**PAY TO THE
ORDER OF** **Jashonda Monic Adams**

**855.19

DOLLARS

Jashonda Maple Adams
11825 Sherwood Valley Ct
Baton Rouge, LA 70816

**VOID AFTER 60 DAYS
--- STAR ACCOUNT ---**

WILHELM FRIEDRICH

МЕМО

Pay Period: 07/18/17 - 07/31/17

20093235 20093235 20093235

DO NOT WRITE. GRAVATION SIGN BELOW THIS LINE
MAY NOT BE READ. A CERTIFICATE

THE GENEALOGY OF THE HOUSE OF BOURBON AND OF THE
PARISIAN BRANCHES OF THE HOUSE OF BOURBON.

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM = \$1886.25 for month



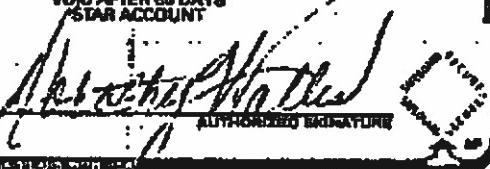
CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 NL FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		9325
		BANKER: BATON ROUGE, LOUISIANA
		84-15864
		8/21/17
PAY TO THE ORDER OF <u>Jashonda Monic Adams</u> <u>Eight Hundred Twenty-Six and 29/100</u>		\$ 826.29
		DOLLARS
Jashonda Monic Adams 11625 Sherwood Valley Ct Baton Rouge, LA 70816		<small>VOID AFTER 60 DAYS</small> <small>STAR ACCOUNT</small>  <small>AUTHORIZED SIGNATURE</small>
<small>MEMO</small> Pay Period: 08/01/17 - 08/15/17 #009325P (08/15/17)		
<small>DO NOT WRITE IN SPACES FOR PRINTING OR SIGNING</small>		

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM = \$1886.25 for month

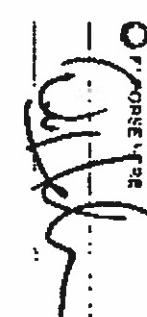
9

OHIO STATE GOVERNMENT PRINTED ON CHEMICAL RESISTIVE PAPER WITH INK RECOMMENDED FOR THIS PAPER

CARING TO LOVE MINISTRIES STAR ACCOUNT 3913 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		 BATON ROUGE, LOUISIANA 84-15554	9319
PAY TO THE : Kim A Hardee ORDER OF :		8/7/17	\$ 976.46
Nine Hundred Seventy-Six and 46/100			DOLLARS
Kim A Hardee 15947 Haynes Bluff Ave Baton Rouge, LA 70817		VOID AFTER 60 DAYS STAR ACCOUNT  AUTHORIZED SIGNATURE	
MEMO	Pay Period: 07/18/17 - 07/31/17		
F009319P [REDACTED]			

DO NOT WRITE BEYOND THIS LINE
RECEIVED BY [REDACTED] 08/13/2017
[REDACTED]

>065000090<
CAPITAL ONE, NA
[REDACTED] 08/17/2017
RICHMOND, VA 10521
Deposit [REDACTED]
[REDACTED]



SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

Whitney BATON ROUGE, LOUISIANA

9330

84-15584

8/21/17

PAY TO THE ORDER OF Kim A Hardee

\$ 847.52

Eight Hundred Forty-Seven and 52/100

DOLLARS

Kim A Hardee
15947 Haynes Bluff Ave
Baton Rouge, LA 70817

VOID AFTER 60 DAYS
STAR ACCOUNT

Malissa St. John AUTHORIZED SIGNATURE

MEMO

Pay Period: 08/01/17 - 08/15/17

#009330

DO NOT WRITE ANYTHING ON THIS LINE

JPMorgan Chase Bank, N.Y. 08/17/2017 08/15/2017

Karen

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(225) 273-1124

SWEDEN BATON ROUGE,
LOUISIANA

9318

84-15854

8/7/17

PAY TO THE ORDER OF Sanaretha A Gray

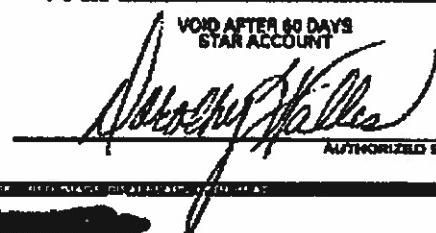
\$ 741.50

DOLLARS

Seven Hundred Forty-One and 50/100

Sanaretha A Gray
PO Box 413
Prairieville, LA 70769

VOID AFTER 60 DAYS
STAR ACCOUNT



AUTHORIZED SIGNATURE

MEMO

Pay Period: 07/16/17 - 07/31/17

#009318# 0065400153# [REDACTED]

E Federal CU
BOFD RT262473511
Account: [REDACTED]
09/08/2017, 02:16:56 (-05:00) PM
Item: 091415524799

DO NOT USE. THIS IS A PRINTED CHECK IMAGE.

© EX-TRA MAF
Donnette [Signature]

SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

LCP Budget to reimburse CTLM = \$1600.00 for month

12

CARING TO LOVE MINISTRIES
STAR ACCOUNT
3813 N. FLANNERY ROAD
BATON ROUGE, LOUISIANA 70814
(226) 273-1124

Whitney BATON ROUGE,
LOU-SIANA

9329

84-15354

8/21/17

PAY TO THE ORDER OF Sanaretha A Gray

\$ **785.84

DOLLARS

Seven Hundred Sixty-Five and 84/100

Sanaretha A Gray
PO Box 413
Prairieville, LA 70789

VOID AFTER 60 DAYS
STAR ACCOUNT

MEMO

Pay Period: 08/01/17 - 08/15/17

AUTHORIZED SIGNATURE

#009329# 00654001531 [REDACTED]

E Federal CU
BOFD RT:265473511
Account: [REDACTED]
08/22/2017, 12:38:02 (-05:00) PM
Item: 221287517121

DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA
DO NOT WRITE IN THIS AREA

O ENDORSE HERE

[Signature]

SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

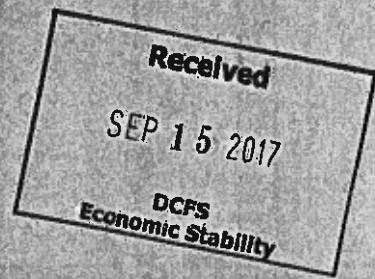
LCP Budget to reimburse CTLM = \$1600.00 for month

13

PO# 2000 224936

SECTION B

FRINGES



GBS56381000186020



Group Payment Notice

CARING TO LOVE MINISTRIES

Group ID:	27XGIERC
Subgroup ID:	0000

ATTN: DOROTHY WALLIS
 3813 N. FLANNERY RD
 BATON ROUGE, LA 70814

	Due Date:	08/15/2017
	Billing Date:	07/31/2017
	Invoice Period From :	08/15/2017
	Invoice Period Through:	09/14/2017
	Invoice Number :	172120004489

Subscriber Count: 2

Outstanding Balance.....	\$0.00
Premiums This Period.....	\$2,134.03
Member Adjustments.....	\$292.43
Fees and Other Adjustments.....	\$0.00
Current Billed Amount.....	\$2,426.46

Please Pay Total Amount Due

\$2,426.46

04BA0135 R01/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
 HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
 All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ➔

SECTION B-FRINGES-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

15

ORIGINAL DOCUMENT PRINTED ON CHEMICAL READING PAPER, FAXED & COMPILED BY CHS

CARING TO LOVE MINISTRIES

OPERATING ACCOUNT
3813 NL FLANNERY ROAD
BATON ROUGE, LA 70814
(225) 273-1124

 WHITNER BATON ROUGE, LOUISIANA

17668

84-1B/664

8/10/17

PAY TO THE ORDER OF **Blue Cross Blue Shield**

\$ **2,426.46

Two Thousand Four Hundred Twenty-Six and 46/100

DOLLARS

Blue Cross Blue Shield
P.O. Box 650007
Dallas , TX 75285

VOID AFTER 60 DAYS
OPERATING ACCOUNT

Signature AUTHORIZED SIGNATURE

MEMO

Group ID 27A61ERC Subgroup D000 8/15/17-8/14/

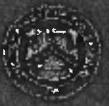
#017668# 1065400153#

000102 049 081517 1088
27A61ERC DAL CRED TO PAYEE
0712305424/12 ABS END GUAR
081517 212204 049 098

ENDORSEMENT

SECTION B-FRINGES-Insurance**LCP Budget to reimburse CTLM = \$250.00 for month**

16

[HOME](#)[ENROLLMENT](#)[MY PROFILE](#)[PAYMENTS](#)[HELP & INFORMATION](#)[CONTACT US](#)[LOGOUT](#)

TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxx7636

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270764810774711
PLEASE NOTE Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.	
Payment Information	Entered Data
Taxpayer EIN	xxxx7636
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q3/2017
Payment Amount	\$2,901.14
Settlement Date	09/05/2017
Subcategories:	
1 Social Security	\$1,675.32
2 Medicare	\$391.82
3 Tax Withholding	\$834.00
Account Number	xxxx6585
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK

[Home](#) [Enrollment](#) [My Profile](#) [Payments](#) [Help & Information](#) [Contact Us](#) [Logout](#)
[USA.gov](#) [IRS.gov](#) [Treasury.gov](#)

Electronic Federal Tax Payment System® and EFTPS® are registered servicemarks of the U.S. Department of the Treasury's Financial Management Service.

PO# 2000 224936-0817

Section A-Fringes-Fica

Page 1 of 1

LCP Budget to reimburse CTLM = \$387.57 for month

17

PO# 2000 224936-0817

Section B-Fringes Worker's Comp



Workman's Comp Life Choice \$119.98 Section B
LCTA CASUALTY INSURANCE COMPANY CTLM \$156.02
SELF-REPORTING WORKSHEET Total= \$276.00

Page 2 117
Print Date: 8/25/2017

Care Pregnancy Clinic
Caring to Love Ministries Inc
3813 N Flannery
Baton Rouge, LA 70814

Agent: 578
Ozark South Central Insurance
(225)775-7614
Carrier Policy #: WC-1-019438-117
Rating State: LA
Payment Due: 9/15/2017

Policy No.: 001000019438117 Division: 0

Policy period: 1/01/2017 - 1/01/2018
Reporting Period: 8/01/2017 - 8/31/2017

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
8810	Clerical Office Employees Noc	<u>5567.68</u>	.29	<u>16.15</u>
8864	Social Svcs Org-All Employees	<u>10,082.93</u>	2.58	<u>260.14</u>
	Life Choice = \$119.98			
	CTLML = \$156.02			
	TOTAL = \$276.00			
	**** If no payrolls, report "none" ****			
Discounts included in lines (9) (13):		(6) Total Manual Premium		<u>276.29</u>
		(7) Increased Limits .000%	+	
		(8) Subtotal	=	<u>276.29</u>
		(9) Discount factor before modifier	x 1.000	
		(10) Subtotal	=	<u>276.29</u>
		(11) Experience Modifier	x	
		(12) Subtotal	=	<u>276.29</u>
		(13) Discount factor after modifier	x 1.000	
		(14) Total Premium Due	=	<u>276.29</u>
Months not reported:		(15) Less Cents to round	<	<u>.297</u>
		(16)	+	
		(17) Previous Balance	+	.00
		(18) Total Due	=	<u>276.00</u>

For billing inquiries, call: PREMIUM ACCT 225-242-4443

119.98

Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (8) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Vickie Davis

Title: Acccountant Date: 9/4/17

18

Copy of payment receipt from LCTA WORKERS COMP

BusinessServices@intuit.com

Thu 9/7/2017 9:44 AM

To:luv luv <luv@ctlm.org>;

Dear Care Pregnancy

Below is the sales receipt provided to you by LCTA WORKERS COMP

Transaction Receipt			
Transaction Type	Sale	Amount:	\$276.00
Name:	Care Pregnancy	Date & Time:	09/07/2017 - 07:43 PDT
Check Information			
Account No.:	*****69	Account type:	Checking
Routing No.:	*****153		
Payment ID			
Authorization Code:	152-515	Transaction ID:	a0ghxz3

Thank you for your order,
LCTA WORKERS COMP

LCTAACOUNTING@LCTACOMP.COM

This notice is to confirm your authorization for LCTA WORKERS COMP to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$276.00 on or after 09/07/2017 - 07:43 PDT . If you have any questions about this payment or your authorization, you may contact LCTA WORKERS COMP at LCTAACOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

PO# 2000 224936-0817

Section B-Fringes-Worker's Comp

Page 2 of 2

SECTION 1-FRINGES-Worker's Comp

LCP Budget to reimburse CTLM = \$119.98 for month

PO# 2000 224936

0-C

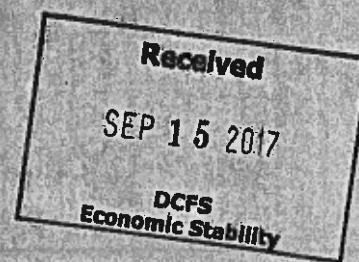
0-C

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146 • 88 *

0-C

SECTION C

TRAVEL



PO# 2000 224936-0817
TRAVEL EXPENSE ACCOUNT

Section C-Travel

BA-12 (3/97)
The statement on the reverse side must be completely filled in by the officer or employee before signature. Receipts must be attached as required by travel regulations.Page 1 of 4
DATE OF STATEMENT 8-31-17

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD 8/1/17 - 8/31/17

NAME OF OFFICER OR EMPLOYEE: Jashonda Monic Adams
ADDRESS: 11625 Sherwood Valley Ct
CITY: Baton Rouge, LA 70816

Expense Summary

Automobile:	Lump-Sum Allowance	\$	\$ 146.88
	Per Mile Cost: 288	mi. @ .51	
Subsistence:	Lodging	\$	\$
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)	\$	
Tolls and Parking		\$	
Tips (for baggage handling only)		\$	
Other Expenses		\$	
Less: Travel Advance		\$	
Total Reimbursable Costs	<i>Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients.</i>	\$ 146.88	

Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

Jashonda Adams

LCP Service Coordinator

TITLE OR POSITION

E. Baton Rouge

OFFICIAL DOMICILE

SIGNED BY PAYEE

Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

*Dorothy Wallis**Dorothy Wallis*

CEO/President

TITLE

NAME

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

ACH = \$146.88

Page 2 of 2 Travel Expense Form P.O.# 2000 224936 SECTION C - Travel

BA-12 (3/97)
August 2017

Date	Hour (AM/PM)	Arr	Territory Traveled	Substance		Meals Cost	Tolls and Parking	Tips	Other Expenses Description	Cost
				Dep	Arrive					
8/9/2017	12:06:00 PM	2:36:00 PM	3813 N Flannery Rd, BR, LA, 70814 to 1002 Chipley St, Baker, LA, 70714	110827	110941				14. On this day she called as I made it to her street and said that she could not have a visit and to reschedule for tomorrow	
8/9/2017	12:36:00 PM	1:14:00 PM	1002 Chipley St, Baker, LA, 70714 to 3813 N Flannery Rd, BR, LA, 70814	110843	110857				she was called to work.	
8/10/2017	11:06:00 AM	11:40:00 AM	3813 N Flannery Rd, BR, LA, 70814 to 1002 Chipley St, Baker, LA, 70714	110909	110923	14				
8/10/2017	12:33:00 PM	1:13:00 PM	1002 Chipley St, Baker, LA, 70714 to 3813 N Flannery Rd, BR, LA, 70814	110923	110937	14				
8/14/2017	1:20:00 PM	2:00:00 PM	3813 N Flannery Rd, BR, LA, 70814 to 25601 Palmwood Ct Denham Springs, LA, 70726	111134	111151	17				
8/14/2017	2:20:00 AM	2:50:00 PM	25601 Palmwood Ct Denham Springs, LA, 70726 3813 N Flannery Rd, BR, LA, 70814 to	111151	111168	17				
8/16/2017	9:58:00 AM	10:23:00 AM	3813 N Flannery Rd, BR, LA, 70814 to 8701 Pecan Tree Dr, BR, LA, 70810	111278	111291	13				
8/16/2017	11:23:00 AM	11:50:00 AM	8701 Pecan Tree Dr, BR, LA, 70810 3813 N Flannery Rd, BR, LA, 70814 to	111291	111304	13				
8/18/2017	9:57:00 AM	10:17:00 AM	3813 N Flannery Rd, BR, LA, 70814 to 4931 Pinehill Dr, BR, LA, 70814	111365	111373	8				
			4931 Pinehill Dr, BR, LA, 70814 to	111373	111381	8				
8/18/2017	10:28:00 AM	10:59:00 AM	3813 N Flannery Rd, BR, LA, 70814	111383	111394	11				
8/18/2017	1:35:00 PM	2:02:00 PM	3813 N Flannery Rd, BR, LA, 70814 to 6422 Casper St, BR, LA, 70805	111394	111405	11				
8/18/2017	2:45:00 PM	3:15:00 PM	6422 Casper St, BR, LA, 70805 3813 N Flannery Rd, BR, LA, 70814	111405						
8/24/2017	11:20:00 AM	11:37:00 AM	3813 N Flannery Rd, BR, LA, 70814 to 7626 Airline Hwy BR, LA, 70814	111702	111709	7				
			7626 Airline Hwy BR, LA, 70814	111709	111716	7				
8/24/2017	12:05:00 PM	12:22:00 PM	3813 N Flannery Rd, BR, LA, 70814							

Total Miles Traveled
Rate per Mile140

22

ACH = \$146.88

$$\begin{array}{r} 288 \text{ miles} \\ \times .51 \\ \hline \$146.88 \end{array}$$

148

Total Miles Traveled Rate per Mile Total Amount to Bill

23

ACH = \$146.88

[Help](#) [Sign Out](#)GULF COAST BANK
& Trust Company[Home](#) [Accounts](#) [Management Tools](#) [Account Services](#) [Print](#)

Transfer Confirmation as of 09/08/2017 9:44 AM

CARE PREGNANCY CLINI	Transfer Date:	09/11/2017	Transfer Summary
	Transfer Amount:	146.88	Number of Transfer Items: 1
	From Account Nickname:	LCP CHECKING	Total of Transfer Amounts: 146.88
	From Institution R/T Number:	[REDACTED]	
	From Account Type:	Demand Deposit	
	From Account:	[REDACTED]	
	To Institution R/T Number:	[REDACTED]	
	To Account Type:	Demand Deposit	
	To Account:	[REDACTED]	
	Confirmation Number:	118379776	
	Status:	Approved	

MEMBER FDIC

eStatement/Notice enrollment

© 2001-2017 Fiserv, Inc. or its affiliates.

EQUAL HOUSING LENDER

VERISIGN

TRUSECURE

CONTACT US

website

adAmerica 163.95
Wufso - 14.95

media

adchoice 174.00

PO# 2000 224936

printing print+copy 1669.80

copy machine - delage 250.00

SECTION D

internet - Ctl 195.00

OPERATING EXPENSES

KnowforSure 875.00

0 • C
0 • C
163.95 +
14.95 +
178.90 *
0 • C
178.90 +
174.00 +
1.669.80 +
250.00 +
195.00 +
875.00 +
3.342.70 *
0 • C

0 • C
0 • C
163.95 +
174.00 +
1.669.80 +
2.007.75 *
2.007.75 +
250.00 +
195.00 +
14.95 +
875.00 +
3.342.70 *
0 • C

Ad America

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575
Fax: 866 324-5531

Date	Invoice #
8/1/2017	225337

BILL To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95

PO# 2000 224936-0817

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

Plus 1669.80 Print & Copy equals \$2007.75

Page 1 of 6

Total	\$163.95

Ad America

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575
Fax: 866 324-5531

Date	Invoice #
8/1/2017	225336

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
PO# 2000 224936-0817			Page 2 of 6
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America			
Plus 1669.80 Print & Copy equals \$2007.75			

	Total	\$174.00
--	-------	----------

Ad America

Bill To:
Caring to Love Ministries
NA
NA, NA 00000

Ship To:

Account : XXXXXXXXXXXX0848

Trx Type : Sale

Order : VT911201715429

Auth : APPROVED 02916G

Amount : \$331.95

Tax : \$0.00

Total : \$331.95

+ \$6.00 = 337.95 (see next page)

*Vendor made error when
processing payment.*

Cardmember Acknowledges Receipt Of
Goods and/or Services In The Amount Of
The Total Shown Hereon And Agrees To
Perform The Obligations Set Forth By The
Cardmember's Agreement With The Issuer

X _____

PO# 2000 224936-0817

Page 3 of 6

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

Plus 1669.80 Print & Copy equals \$2007.75

Ad America

Bill To:
Caring to Love Ministries
NA
NA, NA 00000

Ship To:

,

Account : XXXXXXXXXXXX0848

Trx Type : Sale

Order : VT912201795512

Auth : APPROVED 05384G

Amount : \$6.00 + \$31.95 = \$37.95 (See previous page)

Tax : \$0.00

Total : \$6.00

Cardmember Acknowledges Receipt Of
Goods and/or Services In The Amount Of
The Total Shown Hereon And Agrees To
Perform The Obligations Set Forth By The
Cardmember's Agreement With The Issuer

X _____

PO# 2000 224936-0817

Page 4 of 6

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

Plus 1669.80 Print & Copy equals \$2007.75

THE
PRINT
& COPY
 CENTER

Invoice
 Invoice Number:
 27693

Invoice Date:
 Aug 1, 2017

Page:
 1

Sold To:

Caring to Love Ministries
 3813 N Flannery Rd
 Baton Rouge, LA 70814

Ship to:

Customer ID	Customer PO	Payment Terms		
127225		Net 10 Days		
Sales Rep ID	Job #	Ship Date	Due Date	
	19207		8/11/17	
Quantity	Item	Description	Unit Price	Extension
1.00		2500 Multi Form Intake	843.00	843.00
1.00		2500 Consent form	480.00	480.00
1.00		1000 Tanf EZ	195.00	195.00

PO# 2000 224936-0817

Page 5 of 5

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America	Subtotal	1,518.00
	Sales Tax	151.80
Plus 1669.80 Print & Copy equals \$2007.75	Total Invoice Amount	1,669.80
Check/Credit Memo No:	Payment/Credit Applied	
	TOTAL	1,669.80

13231 Coursey Boulevard • Baton Rouge, LA 70816 • Offc: 225.752.8415 • Fax: 225.752.6336
 We appreciate your business!
 E-mail: pccenter@bellsouth.net

30

CARING TO LOVE MINISTRIES
OPERATING ACCOUNTANT
3813 N. FLANNERY ROAD
BATON ROUGE, LA 70814
(225) 273-1124

WHITELEY BATON ROUGE,
LOUISIANA

17675

84-15754

81747

**PAY TO THE
ORDER OF** The Print & Copy Center

***\$1,669.80**

One Thousand Six Hundred Sixty-Nine and 80/100

DOLLARS

**The Print & Copy Center
13231 Causey Blvd
Baton Rouge, LA 70816**

**VOID AFTER 90 DAYS
OPERATING ACCOUNT**

MEMO

Cust ID 127225 - LCP forms: 2500 Intake, 2500 con

10176750 10654001536

THE UNIVERSITY OF TORONTO LIBRARIES

FOR DEPOST. UNTIL
MAY TWENTY-ONE THIRTY

PO# 2000 224936-0817

Page 6 of 6

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = $163.95 + 174.00 = 337.95$ for Ad America

Plus 1669.80 Print & Copy equals \$2007.75



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

REMITTANCE SECTION

Invoice Number: 55878260
Due Date: 09/15/2017
Due This Period: \$555.75

Amount Enclosed: \$ _____

CARE PREGNANCY CLINIC
ATTN AP
3813 N FLANNERY RD
BATON ROUGE LA 70814-8002

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1802

2100000558782600000555755

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
 800-736-0220

Contract Number:	25427116
Invoice Number:	55878260
Account Number:	854059
Site Number:	3951293
Invoice Date:	08/20/2017
Period of Performance:	08/15/2017-09/14/2017
Due This Period:	\$555.75

Visit www.jesseedirect.com

IMPORTANT MESSAGES

Did you know you can...

- ✓ View copies of your contract and open invoices
 - ✓ Enroll in paperless invoicing
 - ✓ Make a payment
 - ✓ Set up automated/recurring payments

***Please review your equipment location(s) for tax purposes.**

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

ASSET DETAILS

SECTION D-Operating Expenses-1. ADV Merchandise

Asset Amount Total: \$528.99

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

Confirmation

Thank You! Your payment has been made.

CARE PREGNANCY CLINIC

Dorothy Wallis

ATTN A P

3813 N FLANNERY RD

BATON ROUGE, LA 70814

Payment Date

9/05/2017

Payment Method

CTLM Operating WHITNEY BANK ****6569

Total Payment

\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Friday, September 01, 2017 12:00 PM ET will be posted on Friday, September 01, 2017. Payments confirmed after Friday, September 01, 2017 12:00 PM ET will be posted on Tuesday, September 05, 2017.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220.

Confirmation Number	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3104836213	854059-3951293	8/20/2017	55878260	9/15/2017	\$555.75	\$555.75

PO# 2000 224936-0817

Page 2 of 2

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.



**Invoice No. LCP 08/31/2017
P.O.# 2000 224936**

INVOICE

Customer

Name Life Choice Project
Address 3813 N. Flannery Road
City Baton Rouge State LA ZIP 70814
Phone 225-273-1124

Date 8/31/2017

Payment

Please make check payable to:

Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814

Office Use Only

PO# 2000 224936-0817

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T



CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page	1 of 2
Account Number	171-800-0934 001
Billing Date	Aug 19, 2017
Questions?	1 800 358-1111
Web Site	att.com
Invoice	7884638308
AT&T Tax ID	13-4924710

Invoice

Bill-At-A-Glance

Previous Bill	699.40
Payment - Thank You!	699.40CR
Adjustments	.00
Balance	.00
Current Charges	700.72
Total Amount Due	\$700.72
Payment Due Date	Sep 18, 2017

Billing Summary

For detailed information of your charges go to
www.businessdirect.att.com

Questions? Call: 1 800 358-1111

AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	666.22
Sub-Account #831-000-6867 906	34.50
Total Group #000001	700.72
Total Current Charges	700.72

News You Can Use

News You Can Use

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service if a customer has caused an interruption. This fee will be applicable to each account that is being restored and

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

News You Can Use

ACCOUNT STATUS - Continued
will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

REGULATORY NEWS

****Important News About Your Account****

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

http://serviceguide.att.com/servicelibrary/business/ext-state_tariff_buss.cfm

Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

This invoice is in reference to the AT&T Garage Contribution Agreement Amendment 1 between Amdocs, Inc. and AT&T Mobility, LLC. Terms of this payment are covered under Section 3 (e) of the Amended Agreement, AT&T Benefits.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at:
<http://www.att.com/business/agreement>. Important limits of liability



vickiebdavis@gmail.com

Authenticated by att.com Valid Signature

From: g45809@att.com
To: vickiebdavis@gmail.com
Sent: Sep 5, 2017 11:36:44 AM EDT
Subject: RE: I need to pay our invoice by credit card when you get this email for Caring To Love Ministries

Make a Payment

Account: [REDACTED]
 Bill Name: CARING TO LOVE MINISTRIES

Step 4 of 4: Payment Submitted

Thank you. Successful payments have been submitted and will be included in your Account Balance 1-2 business days after the payment dates.

Note: If your services have been or are scheduled to be turned off for non-payment, this payment may not prevent collection activity on your account.

Payment Method	Confirmation	Payment Date	Amount
Checking ...6569 WHITNEY BANK CARING TO LOVE MINISTRIES ...6569	SKY7CSR1I03Z7C0	09/05/17	\$700.72

Invoice Number	Invoice Amount	Invoice Current Charges	Payment Amount
7864638308	700.72	700.72	700.72

Regards,
 Damon Sandness
 AT&T MERK Escalation Team
 Tel.: (866) 502-9421
 Email: ds565d@att.com

"This e-mail and any files transmitted with it are AT&T property, are confidential, and are intended solely for the use of the individual or entity to whom this email is addressed. If you are not one of the named recipient(s) or otherwise have reason to believe that you have received this message in error, please notify the sender and delete this message immediately from your computer. Any other use, retention, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited."

From: Vickie Davis [mailto:vickiebdavis@gmail.com]
Sent: Friday, September 01, 2017 10:59 PM
To: MWSE_PCG_Collections <G45809@att.com>
Subject: I need to pay our invoice by credit card when you get this email for Caring To Love Ministries

I am the accountant from Caring to Love Ministries. Our Account # is 171-800-0934-001. I need to pay our invoice # 7864638308 dated 8/19/17 for \$700.72 when you receive this email.
 PO# 2000 224936-0817

Can you call me so I can make a payment over the phone with you using our CTLM Business credit card? I will need a receipt emailed back to me for proof of payment.

LCP Budget to reimburse CTLM = \$195.00 AT&T

Thank you for your help.

Wufoo.com Bill #2308800
Paid by Credit Card \$14.65 Wufoo.com ***

Wufoo Billing <no-reply@wufuu.com>

Sun 8/20/2017 10:03 AM

To: webdevelopment webdevelopment <webdevelopment@ctlm.org>; luv luv <luv@ctlm.org>;

Wufoo!

Infinity Box Inc.
3050 South Delaware Street
San Mateo, CA 94403
United States

Billed To:
Dorothy H Wallis
3813 N. Flannery Road
70814
United States

2017-08-20

Transaction ID : # 2308800

Wufoo Bill

Thanks for your payment! This email confirms that your credit card ending in 0848 was charged \$14.95 for your Wufoo subscription. This transaction will appear on your credit card statement from "Wufoo.com/charge/" Please keep a copy of this bill for your records and for future reference. If you have any questions, comments, or concerns about this bill, please send them on to billing@wufuu.com.

Your subscription will automatically renew and you'll be billed \$14.95 each month until you cancel it. See [/docs/cancel/]Cancellation Information for more details.

Thanks again for using Wufoo and happy form building!

The Wufoo Team

Description :

Wufoo Subscription - From : August 20, 2017 to September 20, 2017

Price : \$14.95

Amount Paid :

\$14.95

Account Name :

ctlm

If you would like to view past bills, change your billing details or cancel payments, login to Wufoo and click on the Account tab at the top to view and make changes to your billing preferences at any time.

Sources for Women

A ministry of Caring To Love Ministries
3813 N Flannery Rd
Baton Rouge, LA 70814

**Invoice No. LCP 08/31/2017
P.O.# 2000 224936**

INVOICE

Customer

Name Life Choice Project
Address 3813 N. Flannery Road
City Baton Rouge State LA ZIP 70814
Phone 225-273-1124

Date 8/31/2017

Payment

Please make check payable to:
Caring to Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814

Office Use Only

SECTION D Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month

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Transfer Confirmation as of 09/07/2017 5:41 PM

KNOW FOR SURE	
Transfer Date:	09/11/2017
Transfer Amount:	875.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	[REDACTED]
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	875.00

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SECTION D Operating Expense-KNOWforSURE**LCP Budget to reimburse CTLM = \$875.00 for month**

39

PO# 2000 224936

SECTION F

PROFESSIONAL

0-C

0-C

0-C

800 • +

400 • +

200 • +

250 • +

500 • +

150 • +

2.300 • *

2.300 • +

2.200 • +

1.200 • +

700 • +

487.5 • +

250 • +

7.137.5 • *

0-C



40

Direct Mailing Services, Inc.

ACH = \$2200.00

12562 N Lake Shore Dr
Walker, LA 70785**Invoice**

Date	Invoice #
8/31/2017	555

Bill To
Life Choice Project CTLM 3813 N Flannery Rd Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services for August 2017	2,200.00	2,200.00
<hr/>			
Thank you for the opportunity to serve you!			Total
			\$2,200.00

Life Choice Project
 Caring To Love Ministries
 PO # 2000 224936-0717
 August 2017

ACH = \$2200.00

Detailed Description for Professional: Accounting Services

<u>Date</u>	<u>Hours</u>	<u>Description</u>	\$ <u>2,200.00</u>
		Direct Mailing Services (Vickie Davis)	
8/1/2017		8 Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due	
8/7/2017		10 Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,	
08/08-08/10/2017		14 Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontractors Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget	
8/14/2017		8 Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 3 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month	
8/21/2017		8 Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services	
8/28/2017		9 Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Prepare for all ACH payments due next week Compare LCP expenditures to Budget	
8/31/2017		6 Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank	
		63 Total Hours Worked	

ACH = \$2200.00

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Transfer Confirmation as of 09/07/2017 5:42 PM

DIRECT MAIL SERVICE		Transfer Summary	
Transfer Date:	09/11/2017	Number of Transfer Items:	1
Transfer Amount:	2,200.00	Total of Transfer Amounts:	2,200.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	[REDACTED]		
Status:	Approved		

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Resources for Communities

Garcia Bodley
 P.O. Box 73215
 Baton Rouge, LA 70874
 Phone: (225) 328-1965

INVOICE

Invoice #: 2017-800

For: Services: August, 2017

Caring to Love Ministries
 C/O Life Choice Project
 3813 Flannery Road
 Baton Rouge, LA 70814
 (225) 273-1124

Location: Caring to Love Ministries
 C/O Life Choice Project
 3813 Flannery Road
 Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
8/7, 8/8	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	3		
8/2, 8/10, 8/23	As consultant, conducted on-going review of weekly, monthly and cummulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	3		
ongoing through out month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	2		
ongoing	Development and editing of E-Choice Month Newsletter	6		
8/9, 8/20	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	2		
		16	\$ 75.00	\$1,200.00

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Transfer Confirmation as of 09/07/2017 5:43 PM

WOMEN RESOURCES COMM		Transfer Summary	
Transfer Date:	09/11/2017	Number of Transfer Items:	1
Transfer Amount:	1,200.00	Total of Transfer Amounts:	1,200.00
From Account Nickname:	LCP CHECKING	<u>Important: You May Want to Print this Page for Future Reference.</u>	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	[REDACTED]		
Status:	Approved		

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PO# 2000 224936-0817 Section F-Professional-Performance Improv Page 2 of 2

ACH = \$1200.00

45

Randy Rice and Associates ACH = \$700.00

8221 Summa Ave Suite C
Baton Rouge, LA 70809-3451

Invoice

DATE	INVOICE #
8/31/2017	13910

Louisiana Life Choice Project
3813 North Flannery
Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
August PR Invoice	
Life Choice: LPC Public Relations 20.50 Hrs @ \$39.00 per hour	700.00
4-Gathering of ratings for Radio and/or Television for each station 8-4-16 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 8-4-16 3.0-Negotiation of rates for each of the Radio and/or Television Stations 8-5-16 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 8-5-16 2-Audit of all invoices from each station to ensure that all spots ran as ordered 8-18-16 1.5-Send discrepancy notices for all spots not ran correctly 8-18-16 1-Issuance of credit in the event spots ran incorrectly 8-18-16 1-Arrange for Deliverables 8-18-16 1.5-Processing and delivery of Deliverables 8-18-16	
Thank you for your business.	Total \$700.00

ACH = \$700.00

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Transfer Confirmation as of 09/07/2017 5:43 PM

RANDY RICE & ASSOC	09/11/2017	Transfer Summary	
Transfer Date:	700.00	Number of Transfer Items: 1	
Transfer Amount:		Total of Transfer Amounts: 700.00	
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	116372161		
Status:	Approved		

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ACH = \$487.50

Invoice**Kathleen Benfield Consultants**

P.O. Box 10305
 New Orleans, LA 70181

Invoice #: 201168
 Invoice Date: 8/31/2017

Terms

Net 30

BILL TO:

Life Choice Project
 Dorothy Wallis
 3813 N. Flannery Rd.
 Baton Rouge, LA 70814

Description	Rate	Hours/Qty	Amount
Services for August, 2017 including training, modifications to web based database, reporting and technical support			0.00
Database upgrade	75.00	3	225.00
08/01/17 Center technical support	75.00	0.5	37.50
08/02/17 Center technical support	75.00	1	75.00
08/21/17 Technical support	75.00	1	75.00
08/31/17 Technical support	75.00	1	75.00

Total \$487.50

Phone #	E-Mail
504-737-9030	kathleen@kathleenbenfield.com

Balance Due \$487.50

ACH = \$487.50

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Transfer Confirmation as of 09/07/2017 5:44 PM

K BENFIELD & ASSOC	Transfer Date: 09/11/2017	Transfer Summary Number of Transfer Items: 1 Total of Transfer Amounts: 487.50
Transfer Date: 09/11/2017	Transfer Amount: 487.50	
Transfer Amount: 487.50	LCP CHECKING [REDACTED]	
From Account Nickname:	Demand Deposit [REDACTED]	
From Institution R/T Number:	[REDACTED]	
From Account Type:	Demand Deposit [REDACTED]	
From Account:	[REDACTED]	
To Institution R/T Number:	[REDACTED]	
To Account Type:	Demand Deposit [REDACTED]	
To Account:	[REDACTED]	
Confirmation Number:	116379874	
Status:	Approved	

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49

Turn Key Solutions, LLC
11911 Justice Avenue
Baton Rouge, LA 70816
(225) 751-4444



PAID
By CL ... 0848
8/16/17

Bill To:	
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States	

Date	Invoice
08/01/2017	10028680

Terms	Due Date	PO Number	Reference
Net 30 days	08/31/2017		Monthly Billing for August

PLAN TYPE DESIGNATION: "PRIME FIXED FEE"
 SEATS INCLUDED: 7
 HELPDESK INCLUDED FOR: ALL OFFICE STAFF

PRIMARY components of your selected support plan:

- * The full TKS Partner Pulse Process
- * Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.
- * Network Security & Risk Assessment Scheduled regularly throughout the year
- * TKS' Gold Standard Implementation at no extra cost
- * Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems
- * Offsite monitoring and log review of your firewall
- * 24 x 7 monitoring of your system

STRATEGY, VCIO, AND STANDARDS:

- * vCIO In-Person Meeting Schedule: _____, and unlimited remote consultation on request for your strategy or other IT questions
- * Onsite Wellness Checkups Schedule: _____, and constant remote monitoring
- * Full suite of reports delivered daily, weekly, and monthly to keep you informed

DISASTER RECOVERY:

- * Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically
- * Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)
- * Remote support to restore service is included and not billable
- * Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).

REMOTE HELP DESK:

- * We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT.
- * Unlimited remote Server Administration, User Account Management
- * We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.
- * Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.

ONSITE SERVICES:

- * Regularly scheduled vCIO and Wellness Checkups are included and not billed separately.
- * Onsite support and other services are billed separately, at 75% of regular rates (25% discount).

PROJECTS (MOVES/ADDS/CHANGES):

- * PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability.
- * 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.
- * All other project work is billed separately, at 75% of regular rates (25% discount).

CLOUD & MOBILITY SERVICES:

- * Not included, available separately

Please make checks payable to Turn Key Solutions, LLC
 Mail to: 11911 Justice Ave, Baton Rouge, LA 70816
 or use <https://www.billandpay.com/go/tks>

Invoice Subtotal:	1,131.04
Sales Tax:	112.82
Invoice Total:	1,243.86

Section F Professional-Information Technology Cons.-Turnkey

Thank you for your business! If there is anything we can do to serve you better, please let us know. If you have questions about your invoice, please call (225)751-4444.

50

<p>Payment Receipt TurnKey Solutions, LLC 11911 Justice Ave Baton Rouge, LA 70816 225-751-4444 ar@turnkeysol.com</p> <hr/> <p>Date: 08/16/2017 Confirmation Code: 1280125-6588-1645098887 Customer: Caring To Love Ministries Amount: \$1,243.86 Name On Account: Dorothy H. Wallace Account: Credit Card ****0848</p> <hr/> <p>Item Date Created Due Date Amount Paid \$1,243.86</p>

Section F Professional-Information Technology Cons.-Turnkey

LCP Budget to reimburse CTLM = \$250.00

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ACH \$800+\$200+~~\$40.00~~^{2300.00}+\$250+\$500+\$150=\$1900.00
J HAM ENTERPRISES, INC.

INVOICE

Date: August 31, 2017**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
 3813 North Flannery Rd.
 Baton Rouge, LA 70814

Remit to:

J Ham Enterprises, Inc.
 812 Sandy Lane
 Ruston, LA 71270

Description

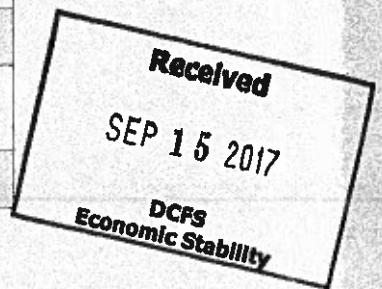
Pregnancy Help Center Consulting
 August 2017
 27 hours @ \$30.00 per hour

Amount Due:

\$800.00

Summary description of activities by category:

Hours	Activity
10	Daily compilation and submission of center client visits
8	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
3	Phone conferences with LCP Director
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping



~~ACH \$800+\$200 +400 +\$250+\$500+\$150=\$1900.00~~
~~\$2300.00~~

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& Trust Company

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Transfer Confirmation as of 09/07/2017 5:45 PM

<p>J. HAM INC Transfer Date: 09/11/2017 Transfer Amount: 800.00 From Account Nickname: LCP CHECKING From Institution R/T Number: 116387711 From Account Type: Demand Deposit From Account: 116386641 To Institution R/T Number: 116387711 To Account Type: Demand Deposit To Account: 116387711 Confirmation Number: 116387711 Status: Approved</p>	<p>Transfer Summary Number of Transfer Items: 1 Total of Transfer Amounts: 800.00</p> <p style="text-align: center;">Important: You May Want to Print this Page for Future Reference.</p>
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ACH \$800+\$400+\$200+\$250+\$500+\$150=\$2300.00

J HAM ENTERPRISES, INC.**INVOICE****Date:** August 30, 2017**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

J Ham Enterprises, Inc.
812 Sandy Lane
Ruston, LA 71270

Description

Coordinate Pregnancy Resource Development
August 2017
13.3 hours @ \$30.00 per hour

Amount Due:

\$400.00

Summary description of activities by category:

Hours	Activity
5	Assisting new centers with paperwork flow and policy
2	Consultation with center directors regarding reporting
6.3	Review of documents

ACH \$800+\$400+\$200+\$250+\$500+\$150=\$2300.00

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Transfer Confirmation as of 09/12/2017 10:11 AM

J. HAM INC	Transfer Date:	09/13/2017	Transfer Summary
Transfer Amount:	400.00	Number of Transfer Items:	1
From Account Nickname:	LCP CHECKING	Total of Transfer Amounts:	400.00
From Institution R/T Number:	[REDACTED]	Important: You May Want to Print this Page for Future Reference.	
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	43526		
Status:	Approved		

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**Lacey Bodley ACH \$800+\$200+~~400*~~+\$250+\$500+\$150=
**\$1900.00
\$2300.00****

10715 Flintwood Ave, Baton Rouge, LA 70811

Date	To
08/31/17	Caring to Love Ministries
	3813 N. Flannery Rd.
	Baton Rouge, Louisiana
	70814

Instructions

Please make checks payable to Lacey Bodley and mail to: 10715 Flintwood Ave., Baton Rouge, LA, 70811

Quantity	Description	Unit Price	Total
1	Verification	\$150.00	\$150.00
1	Coordination of Auditors	\$50.00	\$50.00

Discount	
Subtotal	\$200.00
Sales Tax	
Total Due	\$200.00
By 09/5/17	

Thank you for your business!

Page: 1 of 1

ACH \$800+\$400+\$200+\$250+\$500+\$150=\$2300.00

Job	Batch	Name	Account	Identification	Discretionary	Amount	Routing/Transit	Effective Date	Transaction Code
Y	0000001	Caring To Love August 2017	100526649			200.00	265070435	9/13/2017	27 Demand Auto Payment
Y	0000001	Lacey Bodley August 2017	0927608513			200.00	065400137	9/13/2017	22 Demand Auto Deposit
Y	0000001							9/13/2017	

Batch 1 Total

Debits:	200.00	1	<u>Batch 1 Entry Count</u>
Credits:	200.00	1	
Difference:	0.00	2	
Totals:	400.00	2	

File Total

Debits:	200.00	1	<u>File Entry Count</u>
Credits:	200.00	1	
Difference:	0.00	2	
Totals:	400.00	2	

55

ACH \$800+\$200+\$250+\$500+\$150=\$1900.00
~~+ 400.00 = 2300.00~~

INVOICE**Date:** August 31, 2017**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
 3813 North Flannery Rd.
 Baton Rouge, LA 70814

Remit to:

Michelle Dyess
 12238 Leblanc Ln
 Walker, LA 70785

Description

Pregnancy Help Center Consulting
 August 2017
 10 hours @ \$25.00 per hour

Amount due:

\$250.00

Summary description of activities by category:

Hours	Activity
8	Compliance visits to Care Pregnancy Clinic, Restoration PRC, and Women's Life Ministries <ul style="list-style-type: none"> - Audit of 10% of present month client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & Submission of Compliance Documents

ACH \$800+~~\$200+\$250+\$500+\$150~~
~~\$1200.00~~
~~+400.00 = \$2000~~

Hold	Batch	Name	Discretionary	Amount	Routing/Transit	Effective Date	Transaction Code
		Etsa Form Addenda	Account				
N	0000001	Caring To Love		250.00	265070435	9/11/2017	27 Demand Auto Payment
N	0000001	August 2017		250.00	065000090	9/11/2017	22 Demand Auto Deposit
N	0000001	Michelle Dyess		500.00	265070435	9/11/2017	27 Demand Auto Payment
N	0000001	Caring To Love		500.00	065000090	9/11/2017	22 Demand Auto Deposit
N	0000001	August 2017		500.00	065000090	9/11/2017	27 Demand Auto Payment
N	0000001	Alecia Farugia		500.00	065000090	9/11/2017	22 Demand Auto Deposit

Batch 1 Total

Batch 1 Entry Count

Debits: 750.00

Credits: 750.00

Difference: 0.00

Totals: 1,500.00

File Total

Debits: 750.00

Credits: 750.00

Difference: 0.00

Totals: 1,500.00

File Entry Count

2

2

4

ACH \$800+\$200+\$250+\$500+\$150=\$1900.00

~~+ 400 = 2300~~**INVOICE****Date:** August 31, 2017**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
 3813 North Flannery Rd.
 Baton Rouge, LA 70814

Remit to:

Alexis Farrugia
 416 Shrewsbury Ct.
 Jefferson, LA 70121

Description

Pregnancy Help Center Consulting
 August 2017
 20 hours @ \$25.00 per hour

Amount due:

\$500.00

Summary description of activities by category:

Hours	Activity
3	Compliance visits to ACCESS Pregnancy Center Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & submission of Compliance Documents
15	Review and verification of Clinic billing packets, compilation of error report

ACH \$800+\$200+\$200+\$250+\$500+\$150 = \$1980.00

+ 400.00 = F2300.

Line	Batch	Name	Account	Identification	Discretionary	Amount	Routing/Transit	Effective Date	Transaction Code
1	0000001	Caring To Love	[REDACTED]			250.00	265070435	9/11/2017	27 Demand Auto Payment
1	0000001	August 2017	[REDACTED]			250.00	065000090	9/11/2017	22 Demand Auto Deposit
1	0000001	Michelle Dress	[REDACTED]			500.00	265070435	9/11/2017	27 Demand Auto Payment
1	0000001	August 2017	[REDACTED]			500.00	065000090	9/11/2017	22 Demand Auto Deposit
1	0000001	Caring To Love	[REDACTED]			500.00	265070435	9/11/2017	27 Demand Auto Payment
1	0000001	August 2017	[REDACTED]			500.00	065000090	9/11/2017	22 Demand Auto Deposit
1	0000001	Alexis Farmugia	[REDACTED]			500.00	265070435	9/11/2017	27 Demand Auto Payment
1	0000001	August 2017	[REDACTED]			500.00	065000090	9/11/2017	22 Demand Auto Deposit

Batch 1 Total

Debits: 750.00

Credits: 750.00

Difference: 0.00

Totals: 1,500.00

4

File Total

Debits: 750.00

Credits: 750.00

Difference: 0.00

Totals: 1,500.00

4

Batch 1 Entry Count

2

2

File Entry Count

2

2

4

ACH \$800+\$200+\$250+\$500+\$150=\$1900.00
+400. = \$2300.

INVOICE**Date:** August 31, 2017**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

Emily Ilgenfritz
10012 Rocky Knoll Circle
Shreveport, LA 71106

Description

Pregnancy Help Center Consulting
August 2017
10 hours @ \$15.00 per hour

Amount due:

\$150.00

Summary description of activities by category:

Hours	Activity
10	Review and verification of Clinic billing packets, compilation of error report

ACH \$800+\$200+\$250+\$500+\$150= \$1900.00

+ 40% = \$2300.9

Id	Batch	Name	Account	Identification	Discretionary	Amount	Effective Date	Routing/Transit	Transaction Code
		Eles Forum Addenda				150.00	9/13/2017	265070435	27 Demand Auto Payment
0000001		Caring To Love				150.00	9/13/2017	111103650	22 Demand Auto Deposit
0000001		Emily Iggenfritz				150.00	9/13/2017		
0000001		August 2017					9/13/2017		

Batch 1 Total		Batch 1 Entry Count	
Debits:	150.00	1	
Credits:	150.00	1	
Difference:	0.00		
Totals:	300.00	2	
 File Total		 File Entry Count	
Debits:	150.00	1	
Credits:	150.00	1	
Difference:	0.00		
Totals:	300.00	2	

PO# 2000 224936

SECTION G

OTHER CHARGES

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

August 2017 BILLED **

TOTAL ALL SUB REPORTS

Cumm from Last Month	180 Cumm 2nd Visits Last Month	138
Number of New Participants	204 New 2nd Visits	141
Cummulative Participants	384 Cumm 2nd Visits	279

<u>Client Services</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	204	\$ 2,040.00
2 Positive Pregnancy Test	\$ 10.00	143	\$ 1,430.00
3 Negative Pregnancy Test	\$ 10.00	61	\$ 610.00
4 Abstinence Education	\$ 30.00	61	\$ 1,830.00
5 Counseling	\$ 40.00	129	\$ 5,160.00
6 Referral Services	\$ 10.00	141	\$ 1,410.00
7 Health Risk Assessment	\$ 30.00	141	\$ 4,230.00
8 Care Plan Development	\$ 80.00	143	\$ 4,290.00
9 On-going Care	\$ 30.00	87	\$ 2,610.00
10 Family Support Services	\$ 40.00	82	\$ 3,280.00
11 Home Outreach Support Services	\$ 75.00	43	\$ 3,225.00
12 Birth Outcome Confirmation	\$ 40.00	53	\$ 2,120.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		1,288	\$ 32,235.00

Amount Due \$ **32,235.00**

Care Pregnancy Clinic	\$ 11,030.00
Women's Resource Center of Natch LA	\$ 6,430.00
A Pregnancy Center	\$ 5,070.00
Access Pregnancy-(Catholic Charities)	\$ 1,400.00
Women's Life Ministries	\$ 2,305.00
Restoration House	\$ 4,040.00
CPC-Gonzales	\$ 1,960.00

TOTAL ALL CENTERS **\$ 32,235.00**

Request for Reimbursement Form

Louisiana Life Choice Project

Official Life Choice Project Monthly Reporting Form

Name of Organization	Care Pregnancy Clinic
Project Number	LCP 17-18-01
Date of Report	08/01/2017 thru 08/31/2017
Report Submitted by	Jashonda Monic Adams
Address	3813 N. Flannery Road
City, State, Zip	Baton Rouge, LA 70814

Director Signature

Supervisor Signature:

Data Entry Clerk's Signature

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Care Pregnancy ClinicLCP 17-18-01

Cumm from Last Month	65	Cumm 2nd Visits Last Month	47
Number of New Participants for This Month	76	New 2nd Visits	47
Cummulative Participants	141	Cumm 2nd Visits	94

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	76	\$ 760.00
2 Positive Pregnancy Test	\$ 10.00	47	\$ 470.00
3 Negative Pregnancy Test	\$ 10.00	29	\$ 290.00
4 Abstinence Education	\$ 30.00	29	\$ 870.00
5 Counseling	\$ 40.00	47	\$ 1,880.00
6 Referral Services	\$ 10.00	47	\$ 470.00
7 Health Risk Assessment	\$ 30.00	47	\$ 1,410.00
8 Care Plan Care	\$ 30.00	47	\$ 1,410.00
9 On-going Care	\$ 30.00	24	\$ 720.00
10 Family Support Services	\$ 40.00	22	\$ 880.00
11 Home Outreach Support Services	\$ 75.00	10	\$ 750.00
12 Birth Outcome Confirmation	\$ 40.00	28	\$ 1,120.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		453	\$ 11,030.00

Amount Due \$ 11,030.00

65

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Transfer Confirmation as of 09/12/2017 1:29 PM

CARE PREGNANCY CLINI	
Transfer Date:	09/13/2017
Transfer Amount:	11,030.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	2650-70435
From Account Type:	Demand Deposit
From Account:	100526649
To Institution R/T Number:	0654-00153
To Account Type:	Demand Deposit
To Account:	48236569
Confirmation Number:	110043953
Status:	Approved

Transfer Summary	
Number of Transfer Items:	1
Total of Transfer Amounts:	11,030.00
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Request for Reimbursement Form**Louisiana Life Choice Project****Official Life Choice Project Monthly Reporting Form**

Name of Organization Women's Resource Center
 Project Number 04-17-18
 Date of Report Aug-17
 Report Submitted by Beverly Broadway
 Address 107 North Street
 City, State, Zip Natchitoches, LA 71457

New Pos. Clients:	28	28	16
Home	12	3	13
Description of Services	#Served	Reim. Cost	Total

Intake Application
 Positive Pregnancy Test
 Negative Pregnancy Test
 Abstinence Education
 Counseling
 Referral Services
 Health Risk Assessment
 Care Plan Development
 On-Going Care Monitoring
 Family Support Services
 Home Outreach Support Services
 Birth Outcome Confirmation

33	\$10	\$330
28	\$10	\$280
5	\$10	\$50
5	\$30	\$150
28	\$40	\$1,120
28	\$10	\$280
28	\$30	\$840
28	\$30	\$840
16	\$30	\$480
20	\$40	\$800
12	\$75	\$900
13	\$40	\$520

Total Services

240

A

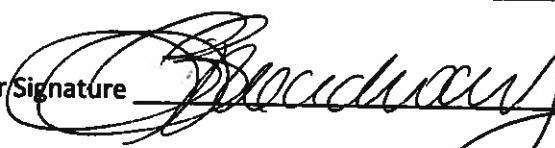
44

6430

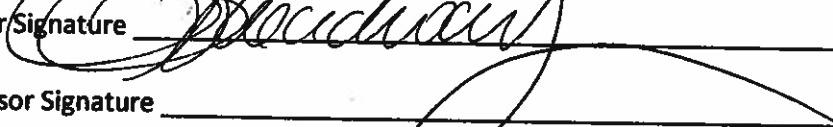
-

590

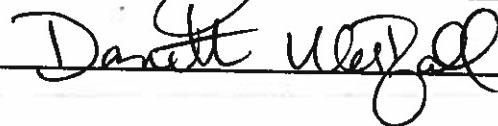
Director Signature



Supervisor Signature



Data Entry Clerk's Signature



Received

SEP 15 2017

DCPS
Economic Stability

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Resource Center of Natch LA LCP-17-18-04

Cumm from Last Month	28	Cumm 2nd Visits Last Month	23
Number of New Participants for This Month	33	New 2nd Visits	28
Cummulative Participants	61	Cumm 2nd Visits	51

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	33	\$ 330.00
2 Positive Pregnancy Test	\$ 10.00	28	\$ 280.00
3 Negative Pregnancy Test	\$ 10.00	5	\$ 50.00
4 Abstinence Education	\$ 30.00	5	\$ 150.00
5 Counseling	\$ 40.00	28	\$ 1,120.00
6 Referral Services	\$ 10.00	28	\$ 280.00
7 Health Risk Assessment	\$ 30.00	28	\$ 840.00
8 Care Plan Care	\$ 30.00	28	\$ 840.00
9 On-going Care	\$ 30.00	16	\$ 480.00
10 Family Support Services	\$ 40.00	16	\$ 640.00
11 Home Outreach Support Services	\$ 75.00	12	\$ 900.00
12 Birth Outcome Confirmation	\$ 40.00	13	\$ 520.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		240	\$ 6,430.00

Amount Due \$ 6,430.00

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WOMENS RES CEN NATCH	
Transfer Date:	09/13/2017
Transfer Amount:	6,430.00
From Account Nickname:	LCP CHECKING
From Institution R/T Number:	[REDACTED]
From Account Type:	Demand Deposit
From Account:	[REDACTED]
To Institution R/T Number:	[REDACTED]
To Account Type:	Demand Deposit
To Account:	[REDACTED]
Confirmation Number:	110051636
Status:	Approved

Transfer Summary

Number of Transfer Items:	1
Total of Transfer Amounts:	6,430.00

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Request for Reimbursement Form**Louisiana Life Choice Project****Official Life Choice Project Monthly Reporting Form**

Name of Organization A Pregnancy Center & Clinic
 Project Number 17-18-103
 Date of Report 08/01/2017 thru 08/31/2017
 Report Submitted by Patrice Lewis
 Address 913 S. College Road, Suite 206
 City, State, Zip Lafayette, LA 70503

New Pos. Clients: **20**
 Home **10**
 Description of Services

20
 BirthOut
 #Served

18
5
 Reim. Cost Total

Intake Application
 Positive Pregnancy Test
 Negative Pregnancy Test
 Abstinence Education
 Counseling
 Referral Services
 Health Risk Assessment
 Care Plan Development
 On-Going Care Monitoring
 Family Support Services
 Home Outreach Support Services
 Birth Outcome Confirmation

30
20
10
10
20
20
20
20
18
12
10
5

\$10	\$300
\$10	\$200
\$10	\$100
\$30	\$300
\$40	\$800
\$10	\$200
\$30	\$600
\$30	\$600
\$30	\$540
\$40	\$480
\$75	\$750
\$40	\$200

Total Services **195** **\$5,070**

Director Signature

Patrice M. Lewis

Supervisor Signature

Rachel Washington

Data Entry Clerk's Signature

Dawn G. Williams

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy CenterLCP-17-18-103

Cumm from Last Month	28	Cumm 2nd Visits Last Month	27
Number of New Participants for This Month	30	New 2nd Visits	20
Cummulative Participants	58	Cumm 2nd Visits	47

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	30	\$ 300.00
2 Positive Pregnancy Test	\$ 10.00	20	\$ 200.00
3 Negative Pregnancy Test	\$ 10.00	10	\$ 100.00
4 Abstinence Education	\$ 30.00	10	\$ 300.00
5 Counseling	\$ 40.00	20	\$ 800.00
6 Referral Services	\$ 10.00	20	\$ 200.00
7 Health Risk Assessment	\$ 30.00	20	\$ 600.00
8 Care Plan Care	\$ 30.00	20	\$ 600.00
9 On-going Care	\$ 30.00	18	\$ 540.00
10 Family Support Services	\$ 40.00	12	\$ 480.00
11 Home Outreach Support Services	\$ 75.00	10	\$ 750.00
12 Birth Outcome Confirmation	\$ 40.00	5	\$ 200.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		195	\$ 5,070.00

Amount Due \$ 5,070.00

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A PREGNANCY CENTER

Transfer Date: 09/13/2017
Transfer Amount: 5,070.00
From Account Nickname: LCP CHECKING
From Institution R/T Number:
From Account Type: Demand Deposit
From Account:
To Institution R/T Number:
To Account Type: Demand Deposit
To Account:
Confirmation Number: 110055283
Status: Approved

Transfer Summary

Number of Transfer Items: 1
Total of Transfer Amounts: 5,070.00

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Request for Reimbursement Form

Louisiana Life Choice Project

Official Life Choice Project Monthly Reporting Form

Name of Organization	Type name here	Access Pregnancy & Referral Center
Project Number	Type project number here	17-18-107
Date of Report	Type date here	8/30/2017
Report Submitted by	Type submitted by here	M. Kugelmann
Address	Type address here	921 Aris Ave.
City, State, Zip	Type city, state, zip here	Metairie, La. 70005

New Pos. Clients:

14	2 nd
0	

Home

50	3 rd
12	

Description of Services

BirthOut
#Served

4	
0	

Reim. Cost Total

Intake Application
Positive Pregnancy Test
Negative Pregnancy Test
Abstinence Education
Counseling
Referral Services
Health Risk Assessment
Care Plan Development
On-Going Care Monitoring
Family Support Services
Home Outreach Support Services
Birth Outcome Confirmation

16	\$10	\$160
14	\$10	\$140
2	\$10	\$20
2	\$30	\$60
14 0	\$40	\$560
14 12	\$10	\$140
12	\$30	\$420
14	\$30	\$420
5 40	\$30	\$150
5 0	\$40	\$200
0	\$75	\$0
10 40	\$40	\$40

Total	Services	101		\$2,310
-------	----------	-----	--	---------

7641

\$1400

Director Signature

Michelle Black

Supervisor Signature

Margaret Murphy

Data Entry Clerk's Signature

Madeline Kugelmann

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Charities) LCP-17-18-107-1

Cumm from Last Month	13 Cumm 2nd Visits Last Month	12	
Number of New Participants for This Month	16 New 2nd Visits	12	
Cummulative Participants	29 Cumm 2nd Visits	24	
<u>Client Services:</u>			
	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	16	\$ 160.00
2 Positive Pregnancy Test	\$ 10.00	14	\$ 140.00
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00
4 Abstinence Education	\$ 30.00	2	\$ 60.00
5 Counseling	\$ 40.00	-	\$ -
6 Referral Services	\$ 10.00	12	\$ 120.00
7 Health Risk Assessment	\$ 30.00	12	\$ 360.00
8 Care Plan Care	\$ 30.00	14	\$ 420.00
9 On-going Care	\$ 30.00	4	\$ 120.00
10 Family Support Services	\$ 40.00	-	\$ -
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		76 \$ 1,400.00	

Amount Due \$ 1,400.00

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Transfer Confirmation as of 09/12/2017 1:31 PM

CATHOLIC CHARITIES

Transfer Date: 09/13/2017
Transfer Amount: 1,400.00
From Account Nickname: LCP CHECKING
From Institution R/T Number: 2650-70435
From Account Type: Demand Deposit
From Account: [REDACTED]
To Institution R/T Number:
To Account Type:
To Account:
Confirmation Number: 110062623
Status: Approved

Transfer Summary

Number of Transfer Items: 1
Total of Transfer Amounts: 1,400.00

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Louisiana Life Choice Project
Official Life Choice Project Monthly Reporting Form

TR
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Psw

Name of Organization	Women's Life Ministries
Project Number	17-18 112
Date of Report	August 1-August 31, 2017
Report Submitted by	Teresa Ragusa
Address	109 E. Mulberry St.
City, State, Zip	Amite, La. 70422

New Pos. Clients:	9 2 nd	9 3 rd	4
Home	3	BirthOut #Served	3
Description of Services		Reim. Cost	Total
Intake Application		\$10	\$120
Positive Pregnancy Test	9	\$10	\$90
Negative Pregnancy Test	3	\$10	\$30
Abstinence Education	3	\$30	\$90
Counseling	9	\$40	\$360
Referral Services	9	\$10	\$90
Health Risk Assessment	9	\$30	\$270
Care Plan Development	9	\$30	\$270
On-Going Care Monitoring	4	\$30	\$120
Family Support Services	13	\$40	\$520
Home Outreach Support Services	3	\$75	\$225
Birth Outcome Confirmation	3	\$40	\$120
Total			\$2,305
Services		86	

Director Signature

Supervisor Signature

Data Entry Clerk's Signature

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Life MinistriesLCP17-18-112

Cumm from Last Month	4 Cumm 2nd Visits Last Month	3
Number of New Participants for This Month	12 New 2nd Visits	9
Cummulative Participants	16 Cumm 2nd Visits	12

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	12	\$ 120.00
2 Positive Pregnancy Test	\$ 10.00	9	\$ 90.00
3 Negative Pregnancy Test	\$ 10.00	3	\$ 30.00
4 Abstinence Education	\$ 30.00	3	\$ 90.00
5 Counseling	\$ 40.00	9	\$ 360.00
6 Referral Services	\$ 10.00	9	\$ 90.00
7 Health Risk Assessment	\$ 30.00	9	\$ 270.00
8 Care Plan Care	\$ 30.00	9	\$ 270.00
9 On-going Care	\$ 30.00	4	\$ 120.00
10 Family Support Services	\$ 40.00	13	\$ 520.00
11 Home Outreach Support Services	\$ 75.00	3	\$ 225.00
12 Birth Outcome Confirmation	\$ 40.00	3	\$ 120.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		86	\$ 2,305.00

Amount Due \$ 2,305.00

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Transfer Confirmation as of 09/12/2017 1:32 PM

WOMENS LIFE MINISTRI		Transfer Summary	
Transfer Date:	09/13/2017	Number of Transfer Items:	1
Transfer Amount:	2,305.00	Total of Transfer Amounts:	2,305.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	[REDACTED]		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	110071133		
Status:	Approved		

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78

Request for Reimbursement Form

Louisiana Life Choice Project

Official Life Choice Project Monthly Reporting Form

Name of Organization RESTORATION HOUSE
 Project Number 17-18-116
 Date of Report AUG. 1- AUG. 31ST
 Report Submitted by BETH DAVIS
 Address 101 S. SPRUCE ST.
 City, State, Zip HAMMOND, LA 70403

New Pos. Clients:

19 ~~50~~ 2nd

Home

19 ~~50~~ 3rd

Description of Services

19 ~~50~~ 3rd

BirthOut

#Served

19 ~~50~~ 3rd

Reim. Cost

Total

Intake Application
 Positive Pregnancy Test
 Negative Pregnancy Test
 Abstinence Education
 Counseling
 Referral Services
 Health Risk Assessment
 Care Plan Development
 On-Going Care Monitoring
 Family Support Services
 Home Outreach Support Services
 Birth Outcome Confirmation

21	20 th	\$10	\$210	200 st
20	19 th	\$10	\$200	19 th
1		\$10	\$10	
1		\$30	\$30	
20	19 th	\$40	\$800	760 st
19		\$10	\$190	
20	19 th	\$30	\$600	570 th
20	19 th	\$30	\$600	570 th
17		\$30	\$510	
11		\$40	\$440	
6		\$75	\$450	
3		\$40	\$120	
Total		154th	4040	4040
Services		259		\$4,160

Director Signature

Beth Davis

Supervisor Signature

Angela Du

Data Entry Clerk's Signature

Mir N. Gathur, RN

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Restoration HouseLCP 17-18-116

Cumm from Last Month	28	Cumm 2nd Visits Last Month	22
Number of New Participants for This Month	20	New 2nd Visits	19
Cummulative Participants	48	Cumm 2nd Visits	41

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	20	\$ 200.00
2 Positive Pregnancy Test	\$ 10.00	19	\$ 190.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	19	\$ 760.00
6 Referral Services	\$ 10.00	19	\$ 190.00
7 Health Risk Assessment	\$ 30.00	19	\$ 570.00
8 Care Plan Care	\$ 30.00	19	\$ 570.00
9 On-going Care	\$ 30.00	17	\$ 510.00
10 Family Support Services	\$ 40.00	11	\$ 440.00
11 Home Outreach Support Services	\$ 75.00	6	\$ 450.00
12 Birth Outcome Confirmation	\$ 40.00	3	\$ 120.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		154	\$ 4,040.00

Amount Due \$ 4,040.00

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Transfer Confirmation as of 09/12/2017 1:32 PM

RESTORATION PREGNANCY		Transfer Summary	
Transfer Date:	09/13/2017	Number of Transfer Items:	1
Transfer Amount:	4,040.00	Total of Transfer Amounts:	4,040.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:			
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	110074804		
Status:	Approved		

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Request for Reimbursement Form
Louisiana Life Choice Project
Official Life Choice Project Monthly Reporting Form

Name of Organization	CPC Gonzales
Project Number	17-18-1.01
Date of Report	8/31/2017
Report Submitted by	Michelle Dyess
Address	322 E Worthy St
City, State, Zip	Gonzales LA 70737

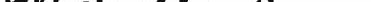
New Pos. Clients:
Home
Description of Services

6	3 rd
BirthOut	
#Served	
Reim. Cost	
Total	

- Intake Application
- Positive Pregnancy Test
- Negative Pregnancy Test
- Abstinence Education
- Counseling
- Referral Services
- Health Risk Assessment
- Care Plan Development
- On-Going Care Monitoring
- Family Support Services
- Home Outreach Support Services
- Birth Outcome Confirmation

17	---	\$10	\$170
6	---	\$10	\$60
11	---	\$10	\$110
11	---	\$30	\$330
6	---	\$40	\$240
6	---	\$10	\$60
6	---	\$30	\$180
6	---	\$30	\$180
4	---	\$30	\$120
8	---	\$40	\$320
2	---	\$75	\$150
1	---	\$40	\$40

Total	Services	84		\$1,960
-------	----------	----	--	---------

Director Signature 

Supervisor Signature *Michelle Dueco*

Data Entry Clerk's Signature Michelle Myers

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

Cumm from Last Month	14 Cumm 2nd Visits Last Month	4
Number of New Participants for This Month	17 New 2nd Visits	6
Cummulative Participants	31 Cumm 2nd Visits	10

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	17	\$ 170.00
2 Positive Pregnancy Test	\$ 10.00	6	\$ 60.00
3 Negative Pregnancy Test	\$ 10.00	11	\$ 110.00
4 Abstinence Education	\$ 30.00	11	\$ 330.00
5 Counseling	\$ 40.00	6	\$ 240.00
6 Referral Services	\$ 10.00	6	\$ 60.00
7 Health Risk Assessment	\$ 30.00	6	\$ 180.00
8 Care Plan Care	\$ 30.00	6	\$ 180.00
9 On-going Care	\$ 30.00	4	\$ 120.00
10 Family Support Services	\$ 40.00	8	\$ 320.00
11 Home Outreach Support Services	\$ 75.00	2	\$ 150.00
12 Birth Outcome Confirmation	\$ 40.00	1	\$ 40.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		84	\$ 1,960.00

Amount Due \$ 1,960.00

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Transfer Confirmation as of 09/12/2017 1:33 PM

CARE PREGNANCY CLINI		Transfer Summary	
Transfer Date:	09/13/2017	Number of Transfer Items:	1
Transfer Amount:	1,960.00	Total of Transfer Amounts:	1,960.00
From Account Nickname:	LCP CHECKING	Important: You May Want to Print this Page for Future Reference.	
From Institution R/T Number:	[REDACTED]		
From Account Type:	Demand Deposit		
From Account:	[REDACTED]		
To Institution R/T Number:	0		
To Account Type:	Demand Deposit		
To Account:	[REDACTED]		
Confirmation Number:	110082384		
Status:	Approved		

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PO# 2000 224936

SECTION I

INDIRECT COST



Invoice

August 2017

Dorothy Wallis
3813 North Flannery
Baton Rouge, LA 70814
(225) 215-0004 office
(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00

Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this _____ day of September, 2017

S. SCOTT WILFONG
NOTARY PUBLIC
ID # 82151
commission does not expire

86

Id	Batch	Name	Account	Identification	Discretionary	Amount	Effective Date	Routing/Transit	Transaction Code
1	0000001	Caring To Love	[REDACTED]			4,500.00	9/11/2017	265070435	27 Demand Auto Payment
1	0000001	August 2017	[REDACTED]			4,500.00	9/11/2017	065400137	22 Demand Auto Deposit
1	0000001	Dorothy Wallis	[REDACTED]			4,500.00	9/11/2017		

Batch 1 Total

Batch 1 Entry Count

Debits: 4,500.00

1

Credits: 4,500.00

1

Difference: 0.00

Totals: 9,000.00

2

File Total

File Entry Count

Debits: 4,500.00

1

Credits: 4,500.00

1

Difference: 0.00

Totals: 9,000.00

2

Caring to Love Ministries - Time Study Monthly Reporting Form

Period: August 2017

Employee's Name:

Dorothy Wallis

Nathy Walker Date: 9/5/11

Jenny French Date: 9/5/11

Employee Signature:

Supervisor Signature:

9/5/17

9/5/11

88

GBS56381000186020



Louisiana



HMO Louisiana

SOUTHERN NATIONAL
LIFE INSURANCE COMPANY, INC.

Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814

Group ID:	27A6HERC
Subgroup ID:	0000

Due Date:	08/15/2017
Billing Date:	07/31/2017

Invoice Period From :	08/15/2017
Invoice Period Through:	09/14/2017
Invoice Number :	172120004489

Subscriber Count: 2

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

Outstanding Balance.....	\$0.00
Premiums This Period.....	\$2,134.03
Member Adjustments.....	\$292.43
Fees and Other Adjustments.....	\$0.00
Current Billed Amount.....	\$2,426.46

Please Pay Total Amount Due

\$2,426.46

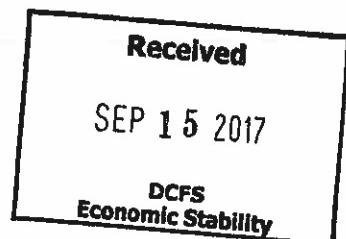
04BA0135 R01/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
 HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
 All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ↗

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month



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17668

CARING TO LOVE MINISTRIES

OPERATING ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LA 70814
 (225) 273-1124

Wheeler

BATON ROUGE,
LOUISIANA

84-18654

8/10/17

PAY TO THE ORDER OF Blue Cross Blue Shield

\$ 2,426.46

Two Thousand Four Hundred Twenty-Six and 46/100

DOLLARS

Blue Cross Blue Shield
 P.O. Box 650007
 Dallas, TX 75265

VOID AFTER 60 DAYS.
OPERATING ACCOUNTDorothy H. Lee
AUTHORIZED SIGNATURE

MEMO

Group ID 27A61ERC Subgroup 0000 8/15/17-9/14/

#0 17668# 1065400153# 

000102 049 081517 1088
 27A61ERC DAL CRED TO PAYEE
 0712305424/12 ABS END GUAR
 081517 212204 049 098

ENDORSE HERE

LCP Budget to reimburse CTLI = \$250.00 for month.

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